



**Wyoming
Department
of Health**

**Public
Health
Division**

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Nursery school dropouts: Poverty as a health crisis for many of America's kids

By Barbara Raab, Senior Producer, NBC News

America's pediatricians are sounding an alarm about what they call "the most important problem facing children in the U.S. today": childhood poverty, which they say is a serious threat to children's physical and mental health, and a barrier to their development, achievement, and future.

Dr. Benard Dreyer, Professor of pediatrics at New York University and co-chair of the Academic Pediatric Association task force on childhood poverty, has been taking care of children, many of them quite poor, for nearly four decades. He spoke recently to NBC News about how and why childhood and family poverty can contribute to everything from obesity to poor performance in school, and can have a lasting effect on a child's chances later in life.

NBC News: You call child poverty the most important problem facing children in the U.S. today.

Dreyer: For some bizarre reason, children are the poorest group in our society, as opposed to being protected from poverty. Twenty-two per cent of children live below the federal poverty level but 43% are below 200% of federal poverty level. Almost half our children are in danger. Many of the problems that we as pediatricians care about and want to work on to help children are based in the fact that they're poor. We know if they don't have a good early childhood, it's difficult to catch up.

I've spent my life taking care of children in poor families. My families are all poor, many are loving families, they're not bad parents, but they often don't have the resources to really protect their children or advance their children's development.

Tell me what you see [in your patients].

I see toxic stress. That means not being protected as a young child, having a lot of stress due to anxiety or poor parenting. We now know that actually shapes the way the brain works.

A lot of the health problems children have are based in poverty: under-nutrition, obesity, chronic diseases like asthma. Also, higher infant mortality, accidents and mortality related to accidents.

We see poor language development. Poor cognitive development. Poor school performance. Their language is delayed, they don't speak when they are supposed to speak, they don't speak as well as they need to speak when they get to school. Many of them require special education.

Continued

September





Continued:

What is it in your personal and professional experience that made you realize this is an issue?

We were seeing what I would call “nursery school dropouts.” They couldn’t make it in Head Start. The Head Start teachers would call us and say, you need to suspend these kids, they can’t behave, they’re disrupting the class. And I’d say, I will not suspend them, you have to help them. That’s when it became clear that at 3 or 4 years old, they were already in a situation where their social and emotional development and their language development was so delayed or problematic that they were never going to make it. There was no way they were going to catch up.

That made us start to think, what is going on here? What can we do about it, what should we be doing about it, in a bigger way?

Think about this. We spend somewhere between 8 and 16 thousand dollars a year on public education for every child in the country starting at age 5 or 6. Why don’t we do that starting at birth? You give me \$8,000 to spend on a child from birth to 5 years, think of what we could do with it! There’s a great economic argument for doing something about childhood poverty.

If I did give you \$8000 per year for every poor child in this country, what would we get?

We start at birth. We would have home visiting for every low-income family. We would have a variety of other parenting supports. I include some early Head Start for the most at-risk families. You get children who get to school with relatively normal early childhood brain development so they are prepared to learn in school. They’re not like poor children are now, 2 years behind middle class children. I certainly want everybody in high quality preschool from 3 to 5. I also want high quality child care. The kind of child care most of my families can afford now is terrible. They’re not learning, so their brains are not developing.

If you give me \$8000 a year, we could do a pretty good job. This is not world hunger. We know what to do about it. We just have to do it.



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<http://inplainsight.nbcnews.com/news/2013/09/06/19489097-nursery-school-dropouts-poverty-as-a-health-crisis-for-many-of-americas-kids?lite>



Get Fit, Get Ready Wyoming for the Biggest Loser RunWalk Casper Wy!



The Wyoming Department of Health, WYhealth...Get Plugged In Program, the Community of Casper, Wyoming Health Fairs and a variety of community programs around the State of Wyoming are working together to bring an exciting event to Wyoming next Summer 2014. The Biggest Loser RunWalk has agreed to hold a 5k, Half Marathon and 1 Mile Fun Run for the kids in Casper. The Biggest Loser RunWalk will promote the race throughout the year by bringing past Biggest Loser alumni to Wyoming to educate and motivate the residents of Wyoming to Get Fit and Get Ready for the Biggest Loser RunWalk in 2014! The weekend of the event will include a Health and Wellness Expo with national and local vendors, a meet and greet with the Biggest Loser alumni, and live music the day of music. The Biggest Loser RunWalk will promote the Casper race on a national platform.

This is an opportunity for the citizens of Wyoming to Get Fit and Get Ready to show the nation that we can achieve individual and community health goals. You can begin TODAY to start working on your health goals and as the Biggest Loser RunWalk Initiative is rolled out you can share your achievements on the Biggest Loser RunWalk Wyoming Facebook page and participate in community events. Stay tuned for additional information on the Biggest Loser RunWalk on your local media outlets and this newsletter.

Let's Get Fit and let's Get Ready for the Biggest Loser RunWalk Race in Casper, Wy the Summer of 2014!!

<https://www.facebook.com/WyoBLC>



August 2013 Events/Observances

Month

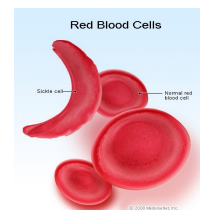
- * Childhood Cancer Awareness
- * Healthy Aging® Month
- * National Atrial Fibrillation Awareness
- * National Cholesterol Education Month
- * National Recovery Month
- * Newborn Screening Awareness
- * Prostate Cancer Awareness
- * Fruit and Veggies—More Matters
- * Leukemia & Lymphoma Awareness
- * National Childhood Obesity Awareness
- * National ITP Awareness
- * National Sickle Cell Month
- * Ovarian Cancer Awareness
- * Whole Grains Month

Week

National Farm Safety & Health, 16—22

Day

National Celiac Disease Awareness Day—13
 Get Ready Day—18
 World Alzheimer's Day—21
 National Women's Health & Fitness Day—26
 National Gay Men's HIV/AIDS Awareness Day—27
 World Rabies Day—28



REACH Program—Collaboration Funding Opportunity

The Research and Explore Awesome Careers in Healthcare (REACH) Program is an exciting program supported by the Wyoming Office of Rural Health (ORH) focusing on rural students in grades five (5) through (8). The overall purpose of the Program is to increase awareness, interest, and understanding of health careers available in rural Wyoming through creative and interactive activities.

Funds Available:

\$10,000 (up to **\$2,000** each) will be made available to support the planning and implementation activities of five (5) REACH Programs. Funding will be provided on a cost-based reimbursement basis.

Eligible Applicants:

Rural Wyoming K-12 schools and healthcare facilities such as hospitals, clinics, community health centers, and public health units.

How to Apply:

Go to <http://www.health.wyo.gov/rfhd/rural/REACH.html> for detailed information and grant guidance. Grant proposals are due on December 2, 2013, by 5:00 p.m. (received not postmarked).

For more information contact Sharla Allen at (307) 777-7293 or via email at sharla.allen@wyo.gov.



Big Changes Coming for Medicaid, Kid Care CHIP

For many years, the first step for most Wyoming residents applying for Wyoming Medicaid services was to visit a local Department of Family Services (DFS) office. Beginning in October, the Wyoming Department of Health (WDH) and DFS are moving eligibility determination and case management from local DFS offices to a centralized customer service center located in Cheyenne. Both departments expect the switch to the new "Wyoming Eligibility System" to result in improved customer service and efficiency.

Eligibility work for Wyoming Medicaid's Long Term Care programs has already been transferred to WDH. These programs include: Nursing Home, Inpatient Hospital, Long Term Care Waiver, Assisted Living Facility Waiver, Developmental Disabilities Waivers, Children's Mental Health Waiver, Acquired Brain Injury Waiver and the Program of All-Inclusive Care for the Elderly.

October 1st will mark the next phase of the transfer. All remaining Wyoming Medicaid cases will be transitioned to the new customer service center at that time.



Some things to know about the change:

- A new shared online web portal will be available for Wyoming Medicaid and Kid Care CHIP so individuals can submit applications and renewals, as well as change their cases online 24 hours a day, 7 days a week.
- A new customer service center will be established to answer questions and take applications online, over the phone, by mail and in person for both Wyoming Medicaid and Kid Care CHIP.
- A new integrated Wyoming Medicaid and Kid Care CHIP eligibility system will allow real-time decisions for most applications

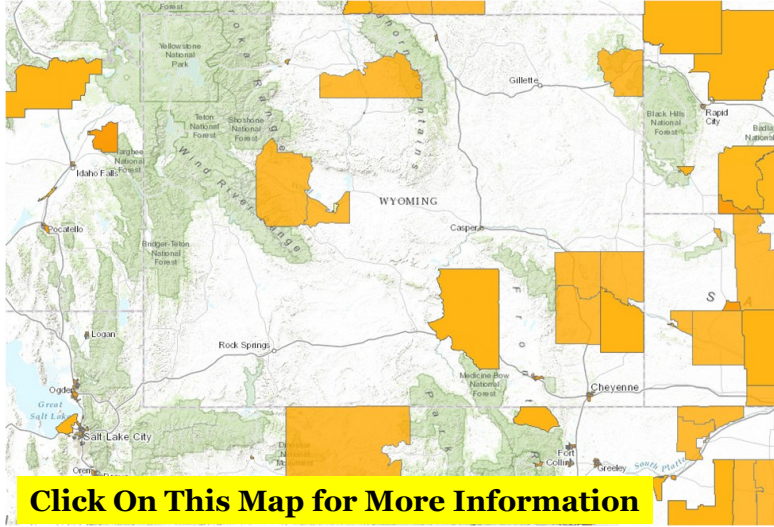
The new system will also be able to coordinate with the coming federally facilitated marketplace, which will also begin October 1, so applicants receive the best available option for their situation. The establishment of these market-places was included in the law known as the Affordable Care Act.





How are food deserts identified?

USDA, Treasury and HHS have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or healthy, affordable food retail outlet. Using the census tract as a unit of analysis for identifying food deserts, USDA, Treasury and HHS will give funding priority to projects and interventions that establish healthy retail outlets in defined food deserts. Census tracts qualify as food deserts if they meet low-income and low-access thresholds:



Click On This Map for More Information

1. They qualify as "**low-income communities**", based on having:
 - a) a poverty rate of 20 percent or greater, OR b) a median family income at or below 80 percent of the area median family income; AND
2. They qualify as "**low-access communities**", based on the determination that at least 500 persons and/or at least 33% of the census tract's population live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts). Funding for projects/programs to help in food deserts is available.

Please see the website below for more information or click the map.
—Agricultural Marketing Service. USDA.

<http://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx>

This map shows areas in Wyoming the low-income census tracts are where a significant number of residents are more than a half-mile (urban) or 10 miles (rural) from the nearest supermarket.

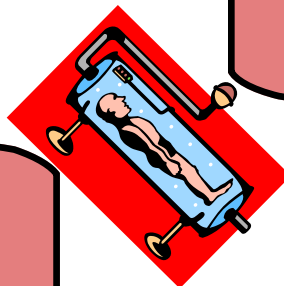
That's Weird



Don't stick out your tongue if you want to hide your identity. Similar to fingerprints, everyone also has a unique tongue print!

Your pet isn't the only one in the house with a shedding problem. Humans shed about 600,000 particles of skin every hour. That works out to about 1.5 pounds each year, so the average person will lose around 105 pounds of skin by age 70.

Did you know that you get a new stomach lining every three to four days? If you didn't, the strong acids your stomach uses to digest food would also digest your stomach.



An adult has fewer bones than a baby. We start off life with 350 bones, but because bones fuse together during growth, we end up with only 206 as adults.



Wyoming Office of Multicultural Health

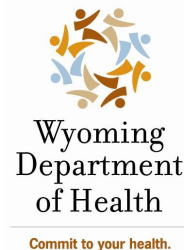
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*We look forward to working with you
to eliminate health disparities in
Wyoming.*

The mission of the Wyoming Office of Multicultural Health (WOMH) is to minimize health disparities among underserved populations in the state through networking, partnerships, education, collaboration, and advocacy; and to promote culturally competent programs aimed at improving health equity.



Cent\$ible Nutrition Tips, 307.633.4383



Healthy Snacking

Smart snacking can help us meet our needs for many vitamins, minerals, and fiber that we might not always get at meal times. For growing children and teens, snacking may even be more important – especially if they are involved in sports and other physical activities. Remember to choose snacks wisely and think of them as mini-meals that contain at least two food groups from MyPlate. Keep in mind the following tips as you plan your family's snacks:

- Go easy on snacks high in saturated/solid fat and sugars – make sure the snack fits within the day's food choices. Check the food label!
- Snack only when you are hungry. If you have the urge to eat because you are frustrated, bored, or stressed, try going for a walk outside.
- Remember portion size. Choose a single-serve container, put a small helping into a small bowl rather than eating from the package, and skip super-sized snacks or drinks.
- Have a variety of tasty, healthy, and ready-to-eat snacks on hand at work, home or in the car rather than being tempted by the vending machine.
- Try these two-food group snacks:
 - Whole grain cereal + milk
 - Peanut butter + whole wheat crackers
 - Apple or pear slices + cheese
 - Plain popcorn + 100% juice
 - Low-fat chocolate milk + banana
 - Yogurt + fruit
 - Pita + hummus
 - Raw vegetables + yogurt dip
 - Trail mix (peanuts + dried fruit)

